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CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Wound of the Iris from an Iron Chip—Removed by the aid of a Magnet; Excision of two Eyeballs, the second having contained a piece of glass for thirty years.—During the past season many cases of interest have presented themselves in the ophthalmic department of St. Mary's Hospital. Of these we propose to select a few.

On May 18th, a girl, aged fourteen, was brought to the hospital. The previous day, whilst standing near her father, who was turning a piece of hardened iron in a lathe, a chip struck her left eye, which had since been in constant pain, though the sight was not materially affected. On examination, the chip was seen sticking in the iris about midway between its upper border and the pupil; the anterior chamber was full, and there was no mark in the cornea, the wound having instantly closed after the passage of the foreign body.

Mr. White Cooper, fearing that difficulty would arise in grasping the smooth metal with forceps, suspended as it was in the loose membrane, decided on trying the effect of a magnet. The iris having been brought under the influence of atropine, whereby the foreign body was drawn near the margin of the cornea, the patient was chloroformed, and a cataract knife was passed through the cornea opposite the chip, and a sufficient opening made for its escape. A magnet was then applied to the wound, and in an instant the chip leaped from its situation in the eye, and attached itself to the magnet. The lids were then closed with adhesive plaster, and cold water dressings applied. No bad symptoms followed, and the eye was well in a week.

On the same day (May 18th) two other cases of interest occurred.

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A young woman, when a child, had received a blow from a stone upon the left eye. Inflammation followed; the globe slowly but constantly enlarged, and at length attained an enormous size, presenting not only a ghastly appearance, but of late causing serious irritation in the other eye. Mr. White Cooper excised the eye on the above day with great facility. Not a teaspoonful of blood was lost, and the patient left the hospital on the eighth day after the operation, a false eye having been inserted on the previous day. From that time the irritation in the other eye ceased, and she was enabled to resume her employment as a needle-woman.

In contrast to the facility with which this eye was removed, stands the following case operated upon on the same day:—

Mrs. B ——, aged thirty-four, when eight years old fell through a window and severely wounded her left eye. It was carefully examined at the time, and there was no suspicion of any particle of glass having lodged in the globe. The wound in time healed, but the eye had ever been a source of suffering and annoyance; it diminished in size, and lost its mobility; and there was a sharp darting pain felt from time to time at the back of the eye which no one could satisfactorily explain. As the vision of the right eye had become impaired, and symptoms of sympathetic inflammation were unmistakably manifesting themselves, removal of the injured eye was recommended by Mr. Cooper, and performed by him on the 18th.

The first peculiarity that presented itself was adhesion of the globe to the socket. When the conjunctiva and fascia have been divided, the eyeball generally starts forward; but in the present instance it remained glued, as it were, to the bone. Mr. Cooper endeavoured to break through the posterior adhesions with his finger, but, to his surprise, as he did so, the tip of the finger was deeply pierced by some sharp substance. With great difficulty, and after careful dissection, the eyeball was detached, and it was then ascertained that a splinter of glass lay half in and half out of the eye, near the optic nerve; and it was doubtless the irritation excited by this which had caused the formation of the adhesions by which the globe was firmly attached posteriorly to the socket. The bleeding was free at the time, and secondary hemorrhage occurred during the night; this is very rare after excision of the eye, and doubtless arose from the condition of the vessels which had participated in the morbid action excited by the fragment of glass. The patient was also attacked with erysipelas of the face to a serious extent; but notwithstanding these drawbacks she ultimately made a good recovery.

On examination of the excised eye, the retina was found to have been converted into a cup of bone, similar degeneration having solidified the lens. One half of the splinter of glass lay between the sclerotic and the bone shell; the other half projected through the sclerotic near the optic nerve. The sharp pain so often complained of was thus explained. The fragment of glass must have remained in the eye nearly thirty years, and the patient may be considered fortunate to have preserved the other eye so long.

Another case of long presence of a foreign body in the eye has presented itself recently to Mr. Cooper.

A clergyman when a student at Oxford was struck by a shot in his right eye, which was blinded by the accident. The wound healed with little disfigurement, but the eye was a constant source of torment, being the seat of neuralgic pains and frequent inflammations. The globe was excised by Mr. White Cooper on the 9th of last August, and on examination by Dr. Bader, at Moorfields, the inner surface of the choroid was found to be lined by a shell of bone, the retina was displaced and funnel-shaped, and in the space between the bone-shell and retina lay a shot suspended in cellular tissue, having been in the eye upwards of thirty years.

Extirpation of the eye has been performed in five cases, all of which have done well. Mr. Cooper has usually introduced a false eye about the seventh day, and finds this early introduction useful in preventing the formation of bands during cicatrization, which often materially interfere with the adjustment of an artificial eye.—*Lancet*, Oct. 15.

Excision of the Head of the Femur.—Apropos of a case on which he had just operated, Mr. Fergusson made some interesting observations the other day on the excision of the head of the femur in cases of diseased hip-joint. He stated that his ex-

perience had led him to entertain a very favourable opinion of the general results of this operation. He was sure that spontaneous cure, after the disease had advanced to a stage of active caries, was a rare event; and when it did occur, exceedingly protracted in all its stages. He adverted to the difficulty of diagnosis as to the exact position of the head of the bone. The general belief was, he said, that dislocation on to the dorsum ilii very frequently occurred. He had found it to be very rare; and the symptoms which were usually considered to indicate it were, he held, almost always due to distortion of the pelvis, and to the limb being carried over its fellow. He had no doubt that nine surgeons out of ten would have believed the head of the bone to have been out of the socket in the case in which he had just operated; and yet, when laid bare, it proved not to be so. The next point on which he remarked was, as to whether the shaft of the bone should be sawn through at the base of the great trochanter, or whether merely the articular head ought to be removed. He much preferred the former, and always adopted it. He admitted that at first sight his plan might seem to involve the removal of a considerable portion of bone which was not in any way diseased; but he had found, by experience, that not only did the great trochanter, when left, often prove a source of inconvenience by projecting into the wound, but that the limb ultimately obtained, was not so serviceable. A third objection to its retention was that its presence tended to prevent the free escape of matter during the subsequent treatment. With regard to the objection often raised to the adoption of the resection treatment in the case of the hip-joint, that it was not possible to remove the opposed acetabular surface, he held that it was wholly devoid of foundation. The truth was, that by means of the gouge a carious surface in the acetabulum might be just as easily taken away as from any other joint. In conclusion, he adverted to the importance of being very careful to get away either by the gouge or otherwise all the fragments, however small, of diseased bone. —*Med. Times and Gaz.*, Oct. 15th, 1859.

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Removal of an Undescended Testis.—On Thursday last we witnessed an operation by Mr. Curling at the London Hospital, for the removal of an undescended testis. The circumstances under which this measure had become desirable were briefly as follows. The patient was a married man, aged 31, the father of two children. He was of cachectic and somewhat downcast aspect. His left testis occupied its usual position in the scrotum, but was not at all larger than natural, and was somewhat flabby. His right testis had never passed the inguinal ring, and could be felt as a softish swelling about the size of a small pigeon's egg. For two years past the man had been liable to attacks of pain in the part, and had also suffered much from aching in the loins and back. The gland had at times swollen considerably, especially after exertion. Mr. Curling informed us that on one or two occasions during the last year, when the man had consulted him on account of pain, there had been a decided degree of hydrocele. The fluid had, however, always been absorbed spontaneously, and paracentesis had not been necessary. The repeated attacks of pain and inconvenience had at length induced the man to wish for its removal, and Mr. Curling, after a careful examination in order to ascertain that the malposition was not complicated with hernia, had decided to accede to his request. The operation was conducted with great care. The gland after removal was found to be in an atrophied condition, and it was very questionable whether it contained any efficient secreting structure. (Mr. Curling stated subsequently that he had made a microscopic examination, and found no spermatozoa in its fluid elements.)

In some clinical remarks on this case, Mr. Curling adverted to the fact that undescended testes are frequently in a state of atrophy, and functionally useless. He had therefore felt no unwillingness to remove what had become a source of serious inconvenience. In answer to a question, as to whether in cases in which one testis only is descended, and the other remains in the inguinal canal and undeveloped, he had noticed compensatory enlargement of the descended gland, he replied, that he had not done so. He believed that the general result of his experience had been that, as in the present instance, the descended gland remained of only average size.—*Med. Times and Gaz.*, Oct. 15th, 1859.

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Effects of a Horse-Bite.—The wounds produced by the bites of animals often take

on a most unhealthy action, and, besides destroying the parts which have been injured, occasionally prove fatal; and this even when the animal is healthy. An elderly and stout man was recently admitted into the Middlesex Hospital, under Mr. Flower's care, suffering from the effects of a bite on his right hand by a horse. The part more particularly injured was the fore-finger, which was much lacerated and bruised, and formed a most unhealthy wound, accompanied by suppuration, with finally sloughing of some of the tendons of the long flexors. It was impossible, therefore, to obtain a useful finger in the event of the morbid action being arrested, and accordingly the entire digit was removed by Mr. Flower, including the metacarpo-phalangeal joint. There was much sanguineous oozing, and the wound was not fairly closed until two or three hours afterwards, which was accomplished by means of metallic (iron wire) sutures. The man is now doing well. —*Lancet*, Oct. 22, 1859.

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Altered Positions of the Heart in Health. —A girl, aged 18, entered the clinical wards of Professor Bruns, suffering from an enormous sub-umbilical intestinal fistula. Through the opening the finger was readily passed, and the abdominal aorta, the kidneys, the pancreas, and the liver might be felt. In passing the finger between the liver and diaphragm, the point of the heart could be readily felt, and hereon the following observations were made: The patient being erect, and the finger applied against the inferior walls of the ventricles, there was felt at each systole a short, dry knock, slipping a little on the diaphragm, the apex of the heart at the same time becoming hard, and moving a little to the left. The blow was perfectly visible externally on the walls of the chest. The result was the same when the girl leaned forward, only the blow was stronger; on the contrary, when she leaned backwards, the finger being kept on the same spot, there was an instant observed when the heart's movement was neither seen nor felt. Other experiments showed that the heart does not retain an invariable position, as Helmerich imagines. —*Med. Times and Gaz.*, Oct. 15, 1859.

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CLINICAL LECTURES.

Practical Clinical Remarks on Diseases of the Bursa Patellæ. Delivered at University College Hospital. By JOHN ERICHSEN, Esq., Surgeon to the Hospital.

Gentlemen: The exposed situation of the bursæ patellæ, covered as they are only by the integumental structures and fascia lata, and their liability to pressure and irritation in kneeling, render them in all respects more prone to take on diseased action than any other similar structure in the human body, and the morbid conditions which they present may be looked upon as typical to a great extent of the diseases of the bursæ generally. Now, in considering the various affections to which these bursæ are liable, we may divide them into two classes, viz: 1st. Inflammatory affections; and 2d. Enlargement, of a fluid or of a solid character.

1st. Let us commence with the consideration of the inflammatory affections of the bursa patellæ. This bursa is frequently the seat of simple inflammation. Undue pressure in kneeling upon a hard, irregular, and cold surface, such as stone, is likely to excite inflammation; hence its frequency in housemaids, whose occupation obliges them to kneel a great deal on floors and stone steps, and hence, also, the common title of "housemaid's knee," given to this and to many other affections of this bursa. But these diseases, although frequent amongst, are not limited to, housemaids; for they occur in females following other occupations, and in men as well as in women. In simple inflammation, however occasioned, the bursa becomes rather suddenly swollen, tense, red, and hot, with some fluctuation deeply under the integuments. The swelling, heat, fluctuation, and redness, often of a dusky colour, all situated in front of the patella, point out the nature of the affection.

The treatment of this inflammation is simple enough. Leeches, followed by evaporating lotions, and keeping the patient at rest, are the means to be employed. Under this treatment, the disease will frequently undergo resolution in the course of a few days. So many cases of this simple inflammation of the bursa patellæ occur in the hospital in the course of the year that I need not refer to any one particular instance.

2d. In many, and perhaps the majority of cases, however, the inflamed bursa eventually suppurates. Now, suppuration of the

bursa patellæ is a matter of great consequence, because the accumulation of pus, being of large size, and tending to diffuse itself around the knee-joint, is liable to be mistaken for abscess in that articulation. Suppuration of the bursa is, indeed, very generally followed by a widely diffused abscess, that speedily gets beyond the limit of the anterior part of the knee. This is owing to the inflamed and suppurating bursa, instead of bursting externally, giving way under the integuments. If not, it will point, and the pus discharge itself externally in the usual manner; but in many cases it gives way subcutaneously, and its contents diffuse themselves somewhat widely around the joint.

How are we to distinguish such a collection of pus as this from suppuration within the knee-joint itself? In suppuration of the bursa patellæ, the history of the case will show that the abscess commenced by a superficial swelling and inflammation in front of the knee, which, after a time, extended laterally, enveloping the joint, the fluid gravitating on either side, but more especially on the outer one, nearly as far, perhaps, as the ham-strings. There will have been none of the signs indicative of acute arthritis accompanying the formation of this large abscess; no startings of the limb, no laxity or pain in moving the articulation, no grating of the articular ends, and little if any constitutional disturbance, which is always a marked feature of the rapid disorganization of a large articulation. The movements of flexion and extension of the joint are free up to a certain point, where they are checked by the mechanical obstacle of the purulent accumulations. But perhaps the more important diagnostic sign is the relation of the abscess to the patella. In a suppurating bursa, the patella is invisible, being covered by the fluctuating swelling; in effusion, whether synovial or purulent, into the joint, the patella is above, floating upon the fluid.

Having thus made the diagnosis, the treatment of this condition becomes simple enough. A free incision should be made through the anterior part of the bursa, so as to let out the pus mixed with synovial fluid; and if there be any burrowing of matter, as there almost invariably is, counter-openings must be made in proper dependent situations. I may mention the following case, as illustrating well the points to which I just adverted:—

Mary T——, aged twenty-four, married, was admitted into this hospital on April 16th, 1858. About a fortnight before her admission, she noticed some degree of swelling on the front of the knee, but as it did not cause any inconvenience, she took no notice of it until about three days afterwards, when it began to inflame and to become painful. Hot fomentations were applied without affording her any relief, and she continued to get worse up to the time of her admission, when she had, at first sight, all the appearance of disease of the knee-joint. A large abscess covered the front and sides of the knee, but the patient could move the joint without giving herself any great pain, and the fluctuation was more distinct above the patella than in any other part. A free incision made into the abscess let out about eight ounces of pus. The part was well poulticed, and on April 24th the woman was so far recovered as to be able to walk about, and was made an out-patient.

Here, then, is an ordinary case of abscess of the bursa patellæ, gravitating to the sides of the joint, and requiring free incision and poulticing.

3d. Sometimes, but very rarely, abscess of the bursa patellæ will go on to disease of the patella itself. Caries of this bone secondary to suppuration of the bursa is, so far as my experience goes, exceedingly rare. I have only seen one case of the kind—that of a woman who was in the hospital, under my care, about three years ago. She was admitted on the 30th of April, 1856, and then had several fistulous openings on the forepart of the knee-joint, through which the probe led down to a rough and carious patella. On inquiry, we ascertained that she had had inflammation of the bursa patellæ—"housemaid's knee"—which had run on to suppuration, but that the abscess had never been freely laid open. The present condition had resulted from that suppuration. The joint itself was unaffected, there was no pain in it, and its movements were perfectly free. I laid open the sinuses, and finding the anterior surface of the patella soft and carious, removed with the gouge the diseased bone to which they led. About two or three weeks after this, the joint became suddenly swollen, evidently filled with pus, and the seat of acute pain. In consequence of the severity of the symptoms, it became necessary to remove the limb above

the knee. After amputation, it was found that the morbid action had extended through the patellar cartilage, perforating it by a small aperture, and so giving rise to suppuration within the joint. We have here then a case of suppuration of the bursa patellæ, going on to caries of the patella, and secondarily to disorganization of the knee-joint.

4th. Sloughing of the bursa patellæ occasionally occurs as the result of its inflammation and suppuration. A woman was admitted into the hospital last October, in whom this bursa had inflamed and suppurated, and not only the bursa, but also the integuments covering it had sloughed away, leaving a circular ulcer in front of the knee as large as the palm of the hand, having a flabby surface and undermined, purple edges. The patella was not exposed. Under ordinary treatment, the ulcer slowly healed, but no vestige of bursa was left.

We now proceed to the consideration of the second class of disease of the bursa patellæ—those in which there is no inflammation, but in which there is enlargement of the bursa, owing to the accumulation within it of bursal fluid, of this fluid mixed with solid bodies, or of solid fibroid deposits.

The fifth morbid condition which this bursa may present is a simple enlargement, dependent on fluid accumulating in its interior. Continued pressure exercised upon the bursa, as in kneeling, is the common cause of this affection (hence its frequent occurrence amongst housemaids), and constitutes the true "housemaid's knee." But it is also common amongst other people, whose vocation necessitates long-continued kneeling. One of the last cases of the affection that we have had in the hospital was in a carpet-layer; it was to all intents and purposes a "housemaid's knee," and the tumour equalled in size an ordinary orange. A man, aged thirty, was admitted on the 16th of March last, who, in consequence of habitually kneeling upon the left knee in laying down carpets, had a tumour there as large as an orange, indolent, soft, and fluctuating to the feel, evidently an enlarged bursa. It was tapped by means of a trocar, and a seton passed through the canula, and left in for six or seven days. Suppuration took place along the seton, the tumour collapsed and contracted, and the patient left the hospital, cured, on the twelfth day.

With regard to the pathological nature of the disease, it would seem to consist in a hypersecretion into the interior of the bursa, which becomes enlarged, thickened, and filled with a clear sero-synovial fluid.

The treatment of these tumours is very simple. In some cases, the application of tincture of iodine, or the ammoniacum and mercury plaster, or blistering, will succeed in inducing absorption of the contained fluid. If these fail, as they very often do, or if their use is too tedious, a very simple, and at the same time a very safe and successful mode of treatment consists in tapping the tumour with a trocar, and passing a seton through the canula, either by means of a long straight needle, or by using an eyed probe, and cutting down upon the end of it with a scalpel. The seton threads should be left in for a week or ten days—at all events, until they excite free suppuration. This treatment is, as I just said, exceedingly simple, and perfectly certain in its results. The only point to be attended to is to keep the apertures by which the seton passes sufficiently patent to allow of the free escape of any fluid which may collect in the interior of the bursa before it is closed. This is especially to be observed with the lower opening, which is apt to get blocked up.

The sixth affection to which the bursa patellæ is liable is closely allied to the last, and appears to be an advanced degree of it. It consists in a chronic enlargement of the bursa, the coats of which are much thickened. The contents of the bursa, so enlarged, consist of a dark fluid, in which float a number of smooth oval bodies, the size and shape of melon-seeds. I have seen this condition in both the male and the female. It may be distinguished from simple enlargement of the bursa by the peculiar crackling sensation which is communicated to the hand when the tumour is manipulated. This arises from the melon-seed bodies floating about and rubbing against each other.

The pathology of this affection is as follows: There is enlargement of the bursa, and hypersecretion into its interior of simple synovial fluid, which, however, is dark-coloured, owing probably to admixture of blood which has undergone disintegration. This fluid will be found to contain a large quantity of cholesterine, broken-up blood-corpuscles, and granules. The melon-seed bodies are composed of lowly-organized

fibroid matter mixed with cholesterine, and are probably separated from the wall of the bursa.

The following case is a good illustration of this form of disease:—

A man, aged forty-eight, was admitted into the hospital under my care some years ago, with a tumour over the forepart of the patella, which had existed two or three years, and had attained the size of an orange. On examining the tumour, it was found to crackle very distinctly. The treatment adopted, and which is to be followed in similar cases, consisted in tapping the tumour with a rather large trocar, and passing a seton through it. The fluid which escaped was dark coloured, and contained a large quantity of the melon-seed bodies. The patient was cured in a little more than a fortnight.

The seventh and last form of enlargement of the bursa patellæ is that in which solid tumours are formed in connection with the bursa, and of which the following case is a good illustration:—

A female, aged thirty-two, had had nodes on the head and arm as the result of syphilis. These disappeared, but in the course of a year a small tumour, of the size of a pea, appeared on each patella, and gradually increased to the size of a pigeon's egg. She had not had much kneeling, and had never been a servant. The tumours were the seat of pain, especially at night; they were hard, indolent, and but slightly movable on the patella. This case illustrates well the condition termed solidification of the bursa patellæ. By many it is supposed to be the result of the deposition of a fibroid material, which gradually takes the place of the fluid of an ordinary "housemaid's knee," and which, instead of taking the form of melon-seed bodies, is deposited in concentric masses, and thus accumulates in the interior of the cyst. This was not the case, however, in the instance just mentioned, nor was it in others that I have seen. In these cases I believe there is a true fibroid deposit in the bursa from the very first; the tumour is never fluid, but hard and solid from the commencement, and continues slowly to augment in size, until it occasions sufficient inconvenience to require removal. In the case under consideration there was a previous syphilitic taint; the patient complained of pain in the tumour like that which is experienced in nodes, and it is by no means impossible that there may be a syphilitic origin for these tumours. However that may be, in this case, and in others that have fallen under my observation, the tumours have never been fluid, nor have they originated in pressure, but appear to have been primary deposit of fibroid matter. There is nothing to be done with such tumours but to dissect them out, as was done in the case of the woman I just referred to. With the most ordinary care the joint runs but little risk; but much trouble may arise from opening up that layer of deep fascia which, after surrounding the knee, is fixed to the borders of the patella. Such an accident is liable to be followed by infiltration and deep abscess in the ham, and is to be avoided by keeping the scalpel well towards the centre of the patella when operating.

These, then, are the affections to which this bursa is liable. Of the inflammatory affections we have, in the first place, simple inflammation, which may undergo resolution, or terminate in suppuration, and the pus so formed may be limited to the interior of the bursa, or, as is more common, has a tendency to diffuse itself around the joint. Then we may have sloughing of the bursa itself, and lastly, caries of the patella as a secondary result. Then, amongst the non-inflammatory affections, we have the simple enlargement from hypersecretion; the enlargement attended with the formation of melon-seed bodies in the interior of the bursa; and lastly, tumours solid from the first, and produced by fibroid deposit in the interior of the bursa.

The diseases of the bursa patellæ have their analogues in the other bursæ, such as that over the tuberosity of the ischium; but the affections of these other bursæ are by no means so frequent, so numerous, or so well marked as are those of the patellar bursa.—*Lancet*, Oct. 22, 1859.

SANITARY SCIENCE.

Mortality amongst Miners.—Investigations of the causes of mortality amongst special classes have a definite object apart from any general sanitary inquiries. They seek to discover particular causes of enhanced mortality, determine the nature of these causes, and estimate their relative

preventability. The excessive mortality of miners has frequently engaged public attention; and in so far as it is the result of accident and calamity, mechanical means, however imperfect, have been devised, and will continue to be suggested from time to time, tending to lessen the frequency of such catastrophes. But the main part of the excess of mortality amongst this class of men is hardly traceable to such causes. The life of the miner and of his children is cut short by fatal and premature disease. This does not burst forth violently, and sacrifice suddenly some dozen lives, under accompaniments so moving as to attract the eyes of a nation: as when the destructive demon of fire-damp breaks loose, or a volume of steam bursts its iron bounds, and scatters cruel strokes of death around. It employs the weapons under which men die daily on all sides; the familiar destroyers of English homes; household words in the Registrar-General's office. Consumption, pneumonia, hooping-cough, marasmus, are more fatal, but less portentous agents of destruction; they work slowly, successfully, and without making any stir.

Attention has been particularly directed to the premature death of pitmen by the investigations set on foot with the view of providing data for calculations necessary to the establishment of a Miners' Provident Association. It has been shown that whereas, amongst the ordinary population of 100,000 persons alive at the age of 18, there are 46,015 living at 65; at the same age, out of a similar number, there are only 39,687 pitmen, the difference being owing to the excessive mortality in miners in early life. At the age of 70, there are remaining of ordinary lives, 34,901; of pitmen, 28,895.

The sickness reports of Mr. Ratcliffe show "a very large amount of disease amongst this class at every period, and an increased sickness with an advance of years. At the age of 20, miners experience an average sickness of 46 per cent. more than the general class; at 30 years, they have 70 per cent.; at 40 years, 78 per cent.; at 50 years, 76 per cent. more than the average sickness of the general class of lives." These and other circumstances in relation to sickness and death rates introduce peculiar difficulties into any scheme aiming at the adjustment of equitable tables for provision of sickness allowance. At present none exist.

Having thus far ascertained the broad statistical outlines of life value amongst the mining population, preventive medicine has a further mission—namely, to analyze the character and relative frequency of the fatal diseases, and to point to the conditions which favour them, and the provisions by which they may be combated. This we are glad to find that Mr. Richard Couch, surgeon of Cornwall, is ably accomplishing for a large section of the Cornish miners. In a paper on the "Mortality of the Miners in the District of Lelant," published in the Twenty-sixth Annual Report of the Royal Cornwall Polytechnic Society, Mr. Couch seems to establish conclusively that the occupation of the miner is mainly destructive to health by the disposition which it gives to fatal pulmonary disease. The mortality from thoracic affections amongst the miners is always more than that arising from all other causes combined, and, in most cases, is nearly double that found in the general population living in the same district. If we take the six years terminating in 1857, we find that amongst miners consumption gave an average mortality of 55.4 contrasted with 19.3 on the general population. Compared with other surrounding labourers it is observed of the miners that after crowding at home, they are in a worse atmosphere while at their daily work than even in their dwellings. Again, with exception of the Saturday afternoon and the Sunday, the miner has for months together but little enjoyment of the sun. These causes of death Mr. Couch promises to examine further, and subsequently report upon them. We call attention to his researches as of an eminently practical and philanthropic character, and such as may be very usefully imitated in all other mining districts.—*Lancet*, Oct. 22, 1859.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

"*American Medical Association.*—On the nomination of the Committee of arrangements, the President, Dr. Miller, has appointed Dr. Stephen G. Hubbard, of New Haven, Junior, Secretary of the American Medical Association, *vice*, Dr. Eli Ives, resigned. Dr. Hubbard's name was promi-

nently before the nominating committee, and he would doubtless have been appointed by the Association at Louisville, had it been known that Dr. Ives' advanced age (81 years) would render him unequal to the arduous duties of the office."

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Formation of Adipocire.—Prof. JOHN C. DALTON, Jr., exhibited to the New York Pathological Society a body which had undergone complete transformation into *adipocire.*

As far as could be ascertained, the body was buried in 1832. It was found in a cemetery, or rather a pit in the upper part of the city, which was dug out for the reception of cholera patients. The bodies were placed in separate coffins, but not in separate graves. The coffin containing this body was found about twenty feet beneath the surface; underneath it there were three tiers of coffins, and above it nine or ten. The uppermost tier of coffins was covered by three or four feet of solid earth. The soil directly under the coffin in which the body was found, was very watery; above this level there was but little water, although the ground was very moist. The bodies contained in this part of the pit were melted together in a semi-fluid mass, the usual result of decomposition under ordinary circumstances.

At the water-mark there were several bodies converted into adipocire. The specimen presented, however, was the most perfect. The hands and feet have been rattled off during transportation. When the body was first taken out, its colour was almost precisely the same as now—a dullish white. If anything, it has become a little more brownish. It has now been exposed to the air for three months. Its consistency was decidedly less when first removed; it was then like cheese of medium consistency; a mixture of the ductile and the brittle. In handling it, great care had to be used. At that time, it exhaled a tolerably strong odour; partly cheesy, ammoniacal, and earthy. Since that time, the cheesy and the earthy odours have disappeared; the ammoniacal smell, however, is still perceptible. In other respects, it appears not to be altered in the least, and Dr. Dalton presumes it will remain in the same condition for years; for centuries, if properly taken care of.

The body is that of a large, fat woman, between forty-five and fifty years of age; evidently a woman past the prime of life. The anterior parietes have sunk very much, particularly those of the abdomen, which appear to be in contact with the spinal column. The anterior portion of the chest is also collapsed. The change of animal tissue to the adipocire is absolutely complete in all the tissues, except the hair, nails, and bones. The papillæ of the skin can be distinguished, but the other tissues cannot be made out.—*New York Monthly Review*, November, 1859.

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Maine Medical School.—Dr. ISRAEL T. DANA, of Portland, has been appointed Professor of Materia Medica in this institution to fill the vacancy caused by the resignation of Dr. C. A. Lee.

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Philadelphia Lunatic Asylum, Blockley.—Dr. S. W. BUTLER has been elected chief resident physician to the lunatic department of the Philadelphia Hospital.

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Instruction in Medical Chemistry.—We take pleasure in inviting the attention of students to Messrs. Booth, Garrett & Reese's Laboratory for Practical and Analytical Chemistry, Chant Street, rear of St. Stephen's Church (Tenth Street, below Market), Philadelphia, established in 1836, where special instruction is given in practical chemistry, mineralogy and geology. A well-arranged laboratory, mineral and other collections, and a large library offer superior advantages to the student.

Careful analyses will be made of ores, minerals, guanos, waters, vegetable substances and products of art; and opinions given on chemical questions.

A limited number of students of medicine will be received into the laboratory, for practical instruction in *medical chemistry.* The pupil will be made familiar with the methods of analysing the various solids and fluids of the body, both healthy and diseased. The subject of toxicology will receive especial attention, both in the determination of poisons and the action of their antidotes. Pharmaceutic chemistry will also be studied, so far as it relates to the extraction of the active medicinal principles, and the chemical compatibility of therapeutic agents.

The course will consist chiefly of practical manipulation by the student, under the immediate supervision of his preceptor, much

in the same manner as practical anatomy is learned in the dissecting-room.

Pupils may enter at any time, as the instruction will be, for the most part, individual in its character.

American Medical Literature.—In our No. for June last (p. 113), we quoted the very complimentary notice given of Dr. Dalton's Treatise on Human Physiology, in the *Westminster Review*. The *Dublin Quarterly Journal of Med. Sci.*, for Nov. last, contains a review of this same work which is equally laudatory. The reviewer says: "This system of Physiology, both from the excellence of the arrangement studiously observed throughout every page, and the clear, lucid, and instructive manner in which each subject is treated, promises to form one of the most generally received class-books in the English language. It is, in fact, a most admirable epitome of all the really important discoveries that have always been received as incontestable truths, as well as of those which have been recently added to our stock of knowledge on this subject by the labours of the leading microscopists and chemists of the present day, affording a concise but comprehensive view of the progressive steps by which the science has advanced to its present high standard of perfection."

After giving some extracts as a specimen of the style and composition of the work, the review concludes with the following remarks:—

"In its purity of style and elegance of composition it may safely take its place with the very best of our English classics, while in accuracy of description it is impossible that it could be surpassed. In every line is beautifully shadowed forth the emanations of the polished scholar, whose reflections are clothed in a garb as interesting as they are impressive; with the one predominant feeling appearing to pervade the whole—an anxious desire to please and at the same time to instruct. The assistance of art has likewise been invoked as auxiliary to the powers of verbal description, and the faithful illustrations with which nearly every page is studded are such as to do infinite credit to the genius and enterprise of our Transatlantic brethren in this particular department. In closing our observations on this production of Dr. Dalton, we can only reiterate what we have already stated—the firm conviction we entertain that it must yet take its place on the shelves of the physiologist, as one of the best and most effective works that has appeared for many years."

The same journal, also, contains a very brief, but exceedingly complimentary notice of Dr. Gross's System of Surgery, which is said to be "the most elaborate and complete work on this branch of the healing art which has ever been published in any country."

Whilst it is gratifying to observe the rapid progress which has been made within the last few years towards the establishment of a national medical literature, it is satisfactory to find that the contributions made with this view are favourably received abroad, and their merits candidly and liberally admitted. We feel more and more convinced that the views expressed in our June No. were correct, that our medical literature needs no hot-house process to force it forward, but that its natural healthy growth is inevitable, and that any slowness of maturation will be compensated for by its excellence and permanency.

Pleuritic Effusion—Thoracentesis.—Dr. W. T. Gairdner, after relating (*Edinburgh Med. Journ.*, Oct. 1859) two cases of pleuritic effusion, in his concluding observations makes the following complimentary remarks respecting one of our countrymen.

"While these cases have been under treatment, I have had the pleasure of a visit from Dr. Bowditch, of Boston. Dr. Bowditch is not only one of the most distinguished physicians of Massachusetts, but he has devoted more attention than any other American authority to this subject; and it was, therefore, with peculiar interest that I submitted to him my doubts and difficulties in regard to thoracentesis in connection with the cases just detailed. I believe I do not misrepresent his opinions when I ascribe to him a certain amount of reserve in the performance of the operation in acute cases, as compared with M. Trousseau; that is to say, he operates chiefly in cases of considerable distension, and to relieve pressing symptoms, and only, except when hard pressed, in cases in which internal remedies have been first employed. But a far greater distinction between Dr. Bowditch and the other advocates of thoracentesis consists in the mode in which he

performs the operation. Thoroughly appreciating the real difficulties which I have attempted to point out above, Dr. Bowditch boldly solves them by the use of an exhausting syringe in all cases; and by the peculiar construction of his instrument (the invention of Dr. Morrill Wyman, of Cambridge, U. S.) he is enabled at once to evacuate the chest much more completely than by any other method, and to prevent entirely, and with absolute certainty, the admission of air. Had I been fully aware of the peculiarities of this operation, and of the great success which it has had in the hands of Dr. Bowditch in upwards of one hundred and twenty cases, I should certainly have employed it in the case of R. L., if not also in that of H. P. It appears to me to be in every respect an improvement so important that it may be said to open up a new history for the operation of paracentesis thoracis; and I trust it will henceforth receive in this country the attention which is due to it. For the description of the instrument employed by Dr. Bowditch, I may refer the reader to his original communication on the subject to the Society of Medical Observation in Boston.[1] In awaiting further experience, I will only state at present that Dr. Bowditch has observed no serious results from the operation in any case, although he has usually drawn off, at each operation in the adult, not less than between three and four pints of fluid."

Liberal Bequest.—The late Mrs. Mary M. Ricketts has bequeathed to the Pennsylvania Hospital the sum of ten thousand dollars, and to the Hospital of the Protestant Church of Philadelphia the sum of five thousand dollars.

FOREIGN INTELLIGENCE.

Death from the Inhalation of Chloroform in the Dreadnought Hospital Ship.—The history of the following case, from notes supplied by Mr. Bedford, physicians' assistant, is an exemplification of the manner in which death may occur during the inhalation of chloroform, from sudden cessation of the heart's action. It will be seen by what immediately succeeds that nothing unusual, except on the part of the patient, occurred during the administration. The time occupied was not less than twenty-five minutes. The whole amount of chloroform used was not more than two drachms and a half. The chloroform itself, supplied by Messrs. Hodgkinson and Co., was perfectly pure, and in good condition (as since tested), and portions of the same sample had been recently used with benefit in other cases. The whole amount given was divided into four doses, the first consisting of a drachm, and the three succeeding doses of half a drachm each. These were given at intervals of not less than six minutes. With regard to the patient himself, he was a young man of twenty-four years of age, the subject of a syphilitic affection, and recovering from an anæmic condition. The chloroform was given at his own particular desire. The details of the case are as under:—

Chloroform was administered to the patient in the recumbent position, and the process began at half-past 2 P. M., on the 7th of October, by the man being made to breathe the vapour from a drachm of chloroform poured on lint inclosed in a long, hollow cone, perforated at the apex for the free admission of air, and consisting of a layer of oiled silk within a layer of brown paper. At the end of the first five minutes, during which due care had been taken to insure the plentiful admixture of fresh air with the vapour of the chloroform, the usual exhilarating effect had commenced; but the vapour of this first drachm having to a great extent evaporated, half a drachm more was poured upon the lint. From its being necessary, however, to delay the operation—the extensive application of nitric acid—after the patient had taken a few inhalations, the administration was suspended for three minutes, during which he inhaled freely of fresh air, and was so sensible as to remark that he liked the smell of the chloroform. Before reapplying the apparatus, half a drachm more chloroform was poured upon the lint. At the end of the next five minutes, he had re-entered the exhilarated state; but being too sensitive to pain, half a drachm more of the anæsthetic, in another minute, was poured upon the lint. At this time Mr. Bedford's whole attention was confined to the patient, and whilst he watched the eye and chest, Mr. Hochee (a surgeon present) kept his finger on the pulse. After the patient had been exposed to the influence of this third dose for not

[1] American Journal of Medical Sciences, vol. xx., October, 1850, p. 325.

more than three minutes, he passed on to a condition in which, though he talked incoherently, yet he breathed freely, the heart beat steadily, and he flinched at the escharotic effect of the acid, drawing his knees together, as it were, to prevent the approach of the cause of pain. More acid having yet to be applied, and the patient being in the above condition, not more than twenty minims of chloroform were added to the lint. No immediate effect followed—no gasping—no symptom of rapidly passing into an insensible state; but at the end of two minutes, as he was lying in the above condition—as the eye and chest were watched, and Mr. Hochee kept his finger on the pulse, Mr. Bedford noticed his face suddenly to become pallid, and the respiration cease; at the same time, Mr. Hochee observed the pulse stop, and the operator has since said that he was sensible of the subsidence of the resisting efforts. Restorative measures were immediately resorted to, such as dashing the chest and face with cold water, and the application of the vapour of strong ammonia to the nostrils; but no immediate reaction following, artificial respiration, by Marshall Hall's method, was at once begun. At the expiration of a few minutes, natural efforts at breathing recommenced, but were not attended with any appreciable pulsation of the heart, or other encouraging symptoms. Here, for a moment, artificial respiration was discontinued, but, the natural respiratory efforts subsiding, was quickly recommenced, and afterwards kept up as long as an hour and twenty minutes, or until it was evident to all that the patient was irrecoverable.

At a post-mortem examination of the body, twenty-four hours after death, there was not discovered any disease either of the heart or lungs; but the different viscera were found in the following conditions: The brain healthy with regard to its consistency and structure, but its veins and sinuses gorged with highly carbonized fluid blood, and the spinal cord had its vessels in the same condition. From the position of these vessels, the fluid condition of the blood, and the time the man was lying on his back, no correct estimate can be formed of the exact state of the vessels at the time of death. The lungs were, as shown by their dark colour and weight, also charged with blood in the same condition, though structurally healthy. The heart was found flaccid, its cavities dilated with blood, and larger than natural. On removal from the body, *all* the blood, which was of the highly carbonized character above mentioned, drained from the cavities, and the organ by itself weighed fully fifteen ounces, the unusual weight being due not to increase of the muscular walls, but to the actual size of the heart. On further and careful examination, no abnormality or structural change, diseased or otherwise, could be detected. The other viscera, beyond being charged with the dark, uncoagulated blood, presented no points of interest. The immediate cause of death seems to have been paralysis of the heart. It may be conjectured that this state was induced either by the direct influence upon its nervous ganglia and muscular fibre, produced by the carbonic acid and chloroform in the blood, or secondarily through the action of the blood, thus altered in its properties, accumulating upon the brain and medulla oblongata.—*Lancet*, Oct. 22, 1859.

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Spina Bifida—Tetanus treated with Woorara.—The Paris correspondent of the *London Med. Times and Gaz.*, in a recent letter (October 10), writes as follows:—

"The last meeting of the Académie de Chirurgie was one of unusual interest, the sitting having been wholly occupied with the discussion of a case of spina bifida, and a case of traumatic tetanus which was said to have been successfully treated with woorara. A child, six weeks old, affected with spina bifida, was, at the instance of M. Huguier, presented to the meeting, in order that he might have the benefit of the opinion of his colleagues as to the course of treatment he ought to pursue. The tumour was situated at the upper part of the sacrum, and its walls, which were firm and solid, exhibited no traces of inflammation; it was compressible, and part of the fluid contained in it disappeared on pressure, and its expansion and contraction were synchronous with the acts of inspiration and expiration. The health of the infant was good, and there was no paralysis of the bladder, rectum, or lower extremities. Without a single exception, all the members of the society were opposed to an operation, and those who had the largest amount of experience in similar cases, were the most energetic in protesting against such a measure. M. Guersant, of

the Hôpital des Enfants Malades, stated, in the course of his remarks, that he had punctured fifteen or eighteen cases of spina bifida, and in each case he had had reason to regret having done so. M. Velpeau, who had operated by puncture in four cases, had been successful in only one, and that after four successive operations followed by an equal number of iodine injections; in the case before the meeting, he advised M. Huguier not to have recourse to any surgical operation, but to treat the tumour by compression and the use of astringent lotions, which he believed would in the end prove successful.

The case of traumatic tetanus was reported by M. Chassaignac as having occurred in his private practice. Three circumstances invested it with a more than common interest; first, its having had a favourable termination; secondly, its having been treated entirely by means of woorara: and, thirdly, the somewhat unusual, and, if we are to credit the experiments of physiologists, the unscientific manner in which this powerful agent was employed. After the case had been related to the society, M. Chassaignac was subjected to a regular battery of questions, the answers to which materially tend to shake the confidence of the members as to the genuine character of the tetanus; and it was also a question with them whether the woorara had anything to do with the cure. It was the opinion of M. Larrey, and some others, that, although presenting certain of the characteristics of tetanus, such as trismus and emprosthotonos, it was, properly speaking, one of a *local* rather than of a general kind, and consequently a form in which a spontaneous cure is often observed to take place. Such, it has been ascertained, was also the opinion of one of the surgeons who had seen the case with M. Chassaignac, and who had been heard to style it 'Tetanos chronique avec intermittences.' Touching the manner in which the woorara had been employed, M. Chassaignac was rather roughly handled, and was taxed either with ignorance, or want of memory as to the inert character of woorara when administered by the mouth. That he believed in its influence on the system when exhibited internally is evident from the fact that he prescribed a potion composed of ten centigrammes of the drug dissolved in 120 grammes of fluid, a teaspoonful of which he administered every two hours, and which, towards the termination of the treatment, had been increased to double its original strength. But if he displayed a want of knowledge of its effects when administered internally, he also displayed great clumsiness in his manner of applying it locally, which was as follows: Twenty centigrammes of the woorara, dissolved in 120 grammes of some liquid, were used as a lotion, and applied to the wound by means of pledgets of lint, which were renewed every two hours. Now, employed in such an irregular manner, it is impossible, as M. Legouest very justly remarked, to know what quantity of the woorara had been absorbed by the system, the lint having in all probability taken up as much, if not more, than the wound itself had done; and thus we are left in doubt whether the woorara had anything to do with the cure at all. Besides, the woorara employed had not been tested on animals, either before or after its use in this case, and thus there was no proof of its having been pure. Altogether, the discussion on this case did not redound much to the credit or praise of its reporter, and the profession is no wiser as to the influence of woorara in this formidable malady than it was before the case was reported."

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Inoculation of Diphtheria.—Two facts of some importance were brought before the Medical Society of the Hospitals of Paris on the 24th of August last. One relates to a medical practitioner whose finger was wounded by a knife which had been used in the operation of tracheotomy, performed upon a child suffering from diphtheria. An abscess formed in the wound, but the latter was going on favourably when, a fortnight subsequent to the accident, pain in the throat was complained of, after exposure to cold, and diphtheritic effusion took place on the tonsils. The practitioner's wife became similarly affected, but they both recovered, though one had consecutive paralysis, which lasted four months. The second case is that of a medical student who, already suffering from cough and cold in the head, made the post-mortem examination of a child who had died of diphtheria. He accidentally pricked his left thumb whilst engaged upon the autopsy, and this was followed, in spite of careful washing, sucking of the wound, and abundant bleeding,

by inflammation of the lymphatics up to the axilla. On the third day after the infliction of the wound, and the fifth after the beginning of the cough (which had arisen after exposure to cold), pain in the throat occurred. The arm went on improving, but the throat became worse, and false membranes formed upon the tonsils. An herpetic eruption on the lip followed, and the patient had quite recovered in about ten days. The question now was to determine whether these two cases were to be considered as examples of inoculation of the disease, or as instances of simple epidemic influence. Most of the members of the Society inclined to the latter opinion, and many of our readers will, perhaps, agree with them. We must, however, confess that one of the arguments brought forward against the transmission of the disease by inoculation is to us not satisfactory—viz., that the false membranes appeared a fortnight after the puncture. Might not this lapse of time have been taken up by incubation? It is, however, proper to mention that, from actual cases, M. H. Roger has found the mean of the time of incubation to be from two to seven days.—*Lancet*, Oct. 22, 1859.

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The Microscope and its Results.—Dr. Gallard, secretary to the Anatomical Society, of Paris, has, in his report upon the transactions of the society for 1858, examined the promises held out by the microscope. He finds that hardly any have been fulfilled, especially as regards the cancer-cell. M. Gallard does not concede that heteromorphous matter ever exists upon the human frame, and does not believe that tubercular or cancerous deposits are substances differing completely from normal tissues. He lays particular stress, whilst passing in review the pathological preparations which were brought before the society in the course of the year, on twenty-six cases of cancer, upon only six of which the cancer-cell was found. He sarcastically alludes to the fact, that microscopists have gradually receded from the cell to the nucleus, and from the nucleus to the nucleolus, driven as they were by the difficulty of finding any characteristic element in morbid textures. The author concludes that, in the present state of anatomy, and especially histology, no criterion exists by which to distinguish malignant from non-malignant tumours.—*Ibid.*, Aug. 20.

Aristocratic Recipe for the Itch.—M. Bourguignon, its inventor, states that the ointment has a pleasant odour, and effects a certain cure after a single friction: Yolk of eggs, 2; essences of lavender, citron, and mint, of each 5 grammes; essences of canella and clove, of each 8 grammes; gum-dragon, 2 grammes; sulphur, well pounded, 100 grammes; glycerine, 200. Mix well the essences with the yolks, add the gum-dragon; then to the mucilage add very gradually the glycerine and sulphur.—*Med. Times and Gaz.*, Oct. 29, 1859.

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Gastrotomy.—This operation, first proposed by Sédillot, in 1846, has been performed five times. Twice by Sédillot (*Traité de Méd. Opér.*, tom. ii. p. 272), one by M. Senger, of Copenhagen (*Archiv. für Path. Anat.*, B. vi. p. 350); twice by Mr. C. Foster; and once by Mr. S. Jones. In no case has the patient survived.

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A Hair-Pin in the Urethra.—M. Segalas placed before the eyes of the Academy of Medicine a hair-pin, "which he had taken from the urethra of a man without the aid of any instrument." The fact was M. Segalas made a surgical instrument of the pin itself, pushing one end of it through the gland, and then drawing it out gradually. No accident followed in this case, or in another in which M. Segalas had performed a similar manœuvre. This case reminds us of a much more simple method adopted by the late Mr. Avery for the extraction of a hair-pin from the urethra of a gentleman; and it is well worthy of being recorded for the benefit of M. Segalas and others. In this case the pin had been pushed about one inch and a half down the urethra, the two points looking towards its orifice. Mr. Avery firmly grasping the pin, squeezed the two ends of it together, and then with the other hand introduced down a straight tube—a divided catheter—which passed over the ends of the hair-pin. The hair-pin was then withdrawn, the elasticity of it keeping it firmly enough fixed in the tube when the pressure applied to it through the urethra was taken off.—*Med. Times and Gaz.*, Oct. 22, 1859.

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Results of Cancer Treatment by Caustics.—In your last number, you ask for information respecting the fate of persons

subjected to the cure of cancer by caustics. I will give the following as a contribution. A short statement of the case is published in the new edition of the *Surgeons' Vade-Mecum*, but I will give here a few details for which there was no room in that work:—

On May 15, 1857, I visited a lady who was undergoing the treatment. I did so at her particular request, in the hope, as she said, that I should be liberal enough to waive my prejudices against a concealed method of cure, in consideration of the inestimable benefits which it conferred on patients otherwise incurable.

The lady, aged 46, was the wife of a clergyman, and childless. Fifteen years ago she struck the left breast; a lump followed, which slowly increased, and during the last few years had become very painful. There was an enlarged gland in the axilla; which, together with the breast, and some glands above the clavicle, were the seat of frequent pain, both wearing and rheumatic, and at times neuralgic and violent. Yet, though an invalid, she was able to go to church, to enjoy society, and to help her husband in a very poor parish.

She had been seen by several surgeons, each of whom declared that the case was not fit for operation.

In this hopeless state, condemned to a life of slow misery, she described her feelings as most enthusiastically grateful, when she heard of the new cure. She believed, that in "special answer to prayer," relief had been sent her when all human hope was lost.

Accordingly, in March, 1857, she put herself under the care of a gentleman who made the cure of cancer by caustics his occupation. She took lodgings in the suburbs, to be near him, and soon found herself in the middle of a select cancerous coterie, to which the time of the Doctor was devoted.

On the 25th March, as she told me, operations were begun, by the destruction of the skin of the whole breast, including the nipple, and including likewise the skin over the enlarged axillary gland, by nitric acid. Her description of the agony caused by this process was most vivid. Night after night she used to sit upright in bed, moaning and rocking herself to and fro in agony. No fire could produce such a burning as she endured; and, as one consequence of the irritation of the breast, a most profuse flooding came on. Shortly, a portion of the slough was gently cut into ("as you would cut into the rind of roast pork," were her words) and various substances introduced into the cuts. The pain of this process was most intense and continuous; the discharge also enormous; but it appeared a part of the system, and a judicious one, that she was carried out every day into the fresh air of the garden, and was plied with wine and nourishment in the greatest abundance. Such was her state on the 15th May; she had escaped, as she said, imminent danger of death by exhaustion; and was feeble and haggard looking, but hopeful and confident in the extreme, begging me, if I had any cancer patients, to send them at once to be cured. One substantial benefit—little enough, by way of compensation—was, that she had lost the old cancerous pains above the clavicle. Be it observed, the slough had not separated at the time of my visit.

On the 18th of December, I saw her again: but now her story was a far different one. She said that the original slough was six weeks in coming away, and even then had to be cut away; and that the wound was but just healed, if healed it could be said to be; for in place of the breast, there was a large thin, red, shining cicatrix, glued to the ribs, which cracked and bled every time she coughed, and gave more pain than the cancer it took the place of. Her breathing was difficult, her cough incessant; there was a bunch of enlarged glands above the clavicle, and the lung was evidently infiltrated and solid. She was emaciated, and without strength or appetite, or hope. And now the change in the mental condition was remarkable. Whilst admitting the personal kindness she had received from the cancer curer, she condemned the whole treatment as a delusion, and hoped I should dissuade any one from making the same rash experiment. She gave me the names of three ladies who had been under treatment at the same time with herself, and who were already dead: and she followed in little more than a month. She died February, 1858.

The moral of the story is evident. A poor woman, with chronic cancer, whose life would probably (judging from the rate of progress of the disease) have lasted three or four years at the least, if left to herself,

during which she might have enjoyed many of the comforts of life, submits herself to one of the most barbarous proceedings imaginable (an old, obsolete, and proved-to-be-worthless process; so cruel, too, that no one would venture to do it openly in an hospital), suffers months of torture, cuts her life short, and makes it intolerable while it lasts. She ends with a scar twice as painful as the cancer, and with a disease which, instead of gnawing her shoulder, penetrates her ribs, and adds suffocation to her other tortures. And why all this? What is the keystone of her error and of that of thousands of others, especially among the clergy, who, as is well known and regretted, are the chief patrons of every kind of quackery? It is a want of practical faith in the Divine government of the world. "Labour is the price which the gods have set on all that is valuable," as Sir Joshua Reynolds has it. Providence seems to have ordained slow, painful research, generation after generation, as the means of getting a knowledge of the nature of disease, and the power to heal it. As the world is constituted, there is a large number of men who devote their lives to the acquisition of this knowledge, and who unitedly must be able to say what means of relief in the present state of science are within our reach, what means are safe, and what, whether safe or not, have failed. These men are no special caste, with exclusive secrets; on the contrary, they are our own brothers: they publish everything they know, and they have, instead of repugnance, a very greediness for new discoveries in their art. Is the Almighty likely to deny to their honest industry and open benevolence a knowledge which He would give unasked to dreaming adventurers? But these unfortunate patrons of quackery think to get to the end by a short and private road; they want wonders and miracles, and fancy that the Almighty reveals special modes of cure to those who conceal them, or sell them for their own exclusive benefit. I am, &c.

R. Druitt.

Med. Times and Gaz., Oct. 15th, 1859.

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Electricity as a Remedy for Madness.—M. Teilleux has been investigating the effects of electricity on mad women, and avers that the remedy is often of service. He also occasionally uses it as a means of coercion, instead of the straight waistcoat and douche; but doesn't say how it is applied in this sense.—*Ibid.*

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Cholera at Bruges.—Towards the beginning of last month (Sept.) warnings were given of the presence of cholera, which has progressed with alarming strides. The ordinary mortality of the town is two or three daily, but for some time past it has averaged from twenty to thirty, and on the 5th inst. we learn on official authority that it reached the unprecedented number of 40, or the rate of 280 a week. The population of Bruges consists of 50,000 souls, so that having regard to the difference of numbers, this is equal to a mortality in London of 15,000 to 16,000 weekly.—*Ibid.*

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Sir Astley Cooper Prize.—The physicians and surgeons of Guy's Hospital have awarded this prize ($1,500) to Dr. Crisp for his essay on "the Structure and Use of the Thyroid Gland."

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Sir James Clark.—The announcement which has been made that this eminent physician has resigned his appointment as physician to the Queen of Great Britain is incorrect.

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Paris Society of Surgery.—This body has just been recognized officially by the French Government as an "establishment of public utility"—a proceeding equivalent to that of granting a charter in this country. The society was founded in 1843, by 17 hospital surgeons, having M. Bérard, Jr., as its first president. At the present time it consists of 35 titular members; 7 honorary members, among whom are MM. Velpeau and Cloquet; 11 members of the Academy of Medicine; 46 national correspondents, almost all of whom are at the head of the principal civil and military hospitals; 16 foreign associates; and 28 foreign correspondents—making in all 143 members. During the fifteen years of its existence, the society, in spite of the various events which have occurred, has never suspended its meetings, and has always continued to labour zealously. It has published four and a half volumes in 4to. of valuable memoirs, and eight volumes in 8vo. of "Proceedings." It has also established prizes; and has succeeded in inducing the most illustrious names of modern surgery to participate in its labours.

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BY PROFESSOR SIMPSON, OF EDINBURGH,

which will be commenced in the January number.

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